

<i>SERFF Tracking Number:</i>	<i>CCGN-127299634</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>49177</i>
<i>Company Tracking Number:</i>	<i>11-4002</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Claim Provisions and General Provisions /11-4002</i>		

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Term Life

SERFF Tr Num: CCGN-127299634 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-
Closed

State Tr Num: 49177

Sub-TOI: L04G.500 Other

Co Tr Num: 11-4002

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Kathy Forno, CCP, DCP,
HIA

Disposition Date: 07/05/2011

Date Submitted: 06/29/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Claim Provisions and General Provisions

Project Number: 11-4002

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Filing not required
in PA, state of domicile

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Employer, Association, Trust, Other

Explanation for Other Group Market Type: All
eligible groups permitted in your law

Overall Rate Impact:

Filing Status Changed: 07/05/2011

State Status Changed: 07/05/2011

Deemer Date:

Created By: Kathy Forno, CCP, DCP, HIA

Submitted By: Kathy Forno, CCP, DCP, HIA

Corresponding Filing Tracking Number:

Filing Description:

Re: Life Insurance Company of North America

NAIC #: 0901 – 65498

FEI Number: 23-1503749

Group Term Life Insurance

SERFF Tracking Number: CCGN-127299634 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 49177
Company Tracking Number: 11-4002
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Term Life
Project Name/Number: Claim Provisions and General Provisions /11-4002

Claim Provisions – Form TL-004725-1

General Policy Provisions – Form TL-004726-1

General Policy Provisions (Certificate) Form TL004728-1

Company ID#: 11-4002

Attached please find the above captioned forms for your review and approval. These forms have not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

These forms are new and not intended to replace any forms currently on file. They are intended for use with Group Policy form TL-004700, et al which was previously approved by your Department.

A Description of Variability is enclosed. The forms themselves, as well as the Description of Variability, note when certain provisions within these forms may be included, deleted or modified, as applicable to a particular policy. Variable material indicated by hard brackets ([]) indicate text that may be included or excluded. Material indicated by soft brackets ({ }) may be modified as requested by the Policyholder or participating Subscriber. Variable material will never be more restrictive than permitted by law.

The referenced forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

Company and Contact

Filing Contact Information

Kathy Forno, Kathy.Forno@CIGNA.com
1601 Chestnut Street 215-761-8532 [Phone]
TL16D
Philadelphia, PA 19192

Filing Company Information

Life Insurance Company of North America	CoCode: 65498	State of Domicile: Pennsylvania
1601 Chestnut Street	Group Code: 901	Company Type:
TL16D	Group Name:	State ID Number:
Philadelphia, PA 19192	FEIN Number: 23-1503749	
(215) 761-8442 ext. [Phone]		

SERFF Tracking Number: CCGN-127299634 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 49177
Company Tracking Number: 11-4002
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Term Life
Project Name/Number: Claim Provisions and General Provisions /11-4002

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: \$50.per 3 forms \$150
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$150.00	06/29/2011	49248616

SERFF Tracking Number:	CCGN-127299634	State:	Arkansas
Filing Company:	Life Insurance Company of North America	State Tracking Number:	49177
Company Tracking Number:	11-4002		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Term Life		
Project Name/Number:	Claim Provisions and General Provisions /11-4002		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/05/2011	07/05/2011

<i>SERFF Tracking Number:</i>	<i>CCGN-127299634</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Claim Provisions and General Provisions /11-4002</i>		

Disposition

Disposition Date: 07/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>Claim Provisions and General Provisions /11-4002</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover letter		Yes
Supporting Document	Actuarial Cert of No Impact		No
Form	Claim Provisions		Yes
Form	General Policy Provisions		Yes
Form	General Policy Provisions (Certificate)		Yes

SERFF Tracking Number: CCGN-127299634 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 49177
Company Tracking Number: 11-4002
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Term Life
Project Name/Number: Claim Provisions and General Provisions /11-4002

Form Schedule

Lead Form Number: TL-004725-1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TL-004725-1	Policy/Cont Claim Provisions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.900	TL-004725-1- CLAIM PROVISIONS _BD- Nullification_ 03 08 2011.pdf
	TL-004726-1	Policy/Cont General Policy ract/Fratern Provisions al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47.200	TL-004726-1 GENERAL POLICY PROVISIONS .pdf
	TL004728-1	Policy/Cont General Policy ract/Fratern Provisions al (Certificate) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.200	TL-004728-1 General Provision (Certificate).p df

CLAIM PROVISIONS

Notice of Claim

Written notice, or notice by any other {electronic/telephonic} means authorized by the Insurance Company, must be given to the Insurance Company within {31 days} after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other {electronic/telephonic} means authorized by the Insurance Company, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the {Employer's} Name, the Policy Number and the claimant's name and address.

[Written notice or any other {electronic/telephonic} means authorized by the Insurance Company of a diagnosis of a Terminal Illness which claim is based must be given to us within {60 days} after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice or any other {electronic/telephonic} means authorized by the Insurance Company was given as soon as reasonably possible.]

Claim Forms

When the Insurance Company receives notice of claim, the Insurance Company will send claim forms for filing proof of loss. If claim forms are not sent within {15 days} after notice is received by the Insurance Company, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other {electronic/telephonic} means authorized by the Insurance Company, of the nature and extent of the loss.

[Claimant Cooperation Provision]

Failure of a claimant to cooperate with the Insurance Company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.]

[Insurance Data]

The {Employer} is required to cooperate with the Insurance Company in the review of claims and applications for coverage. Any information the Insurance Company provides in these areas is confidential and may not be used or released by the {Employer} if not permitted by applicable privacy laws.]

Proof of Loss:

Written proof of loss, or proof by any other {electronic/telephonic} means authorized by the Insurance Company, must be given to the Insurance Company within {90 days} after the date of the loss for which a claim is made. If written proof of loss, or proof by any other {electronic/telephonic} means authorized by the Insurance Company, is not given in that {90 day} period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other {electronic/telephonic} means authorized by the Insurance Company, must be given not more than one year after that {90} day period. If written proof of loss, or proof by any other {electronic/telephonic} means authorized by the Insurance Company, is provided outside of these time limits, the claim will be denied. These time limits will not apply while the person making the claim lacks legal capacity.

Written proof, or any other {electronic/telephonic} means authorized by the Insurance Company, of loss for Accelerated Benefits must be furnished {90 days} after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within {90 days} after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, the Insurance Company will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

Time of Payment

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

Beneficiary Designations

[Any beneficiary designations made under a prior policy/plan which was not provided by Insurance Company and which is replaced through coverage under this Policy shall be null and void.

The {Employer, or the Insurance Company} shall solicit and maintain all beneficiary designations made under the Policy.

If the {Employer} elects, after the Effective Date of the Policy, to have the Insurance Company solicit and maintain beneficiary designations under the Policy, then all beneficiary designations made under the Policy prior to the date of the start of the Solicitation Period by the Insurance Company shall be null and void as of the day immediately following the last date of that Solicitation Period.

[If the {Employer} elects, after the Effective Date of the Policy, to discontinue having the Insurance Company maintain beneficiary designations under the Policy, then all beneficiary designations made under the Policy prior to the date of the start of the Solicitation Period by the {Employer} shall be null and void as of the day immediately following the last date of that Solicitation Period.]

Solicitation Period shall mean that {30/60/90} day period of time immediately preceding the effective date of the {Employer's} election that is provided to Employees {insured} under the Policy to designate a beneficiary.

All beneficiaries designated as to any coverages under this Policy shall be null and void as of the effective date of cancellation of the Policy, except as to those {Insureds} for whom coverage remains in effect after Policy cancellation.]

To Whom Payable

[Death Benefits will be paid to the {Insured's} named beneficiary, if any, on file at the time of payment.] [Death Benefits will be paid to the {Employee's, Insured's} beneficiary named under this Policy, if any.] [Any Death Benefits at the death of [the Employee's, Member's] {Spouse, or Dependent Child} will be paid to the {Employee, Member} {or the Employee's, Member's Estate}.] [A separate beneficiary may be designated to receive any Death Benefits payable at the death of the {Employee's, Member's} {Spouse, or Dependent Child}.]

If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the {Insured's} estate. The Insurance Company may reduce the amount payable by any indebtedness due.

All benefits payable under the Accelerated Benefits section are payable to the {Insured}, if living. If the {Insured} dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the {Insured} has directed us otherwise in writing. However, any payment made by us prior to notice of the {Insured's} death shall discharge us of any benefit that was paid.

All other benefits, unless otherwise stated in the Policy, will be payable to the {Insured} or the certificate owner if other than the {Insured}.

Any other accrued benefits which are unpaid at the {Insured's} death may, at the Insurance Company's option, be paid either to the {Insured's} beneficiary or to the executor or administrator of the {Insured's} estate.

If the Insurance Company pays benefits to the executor or administrator of the {Insured's} estate or to a person who is incapable of giving a valid release, the Insurance Company may pay up to {\$1,000} to a relative by blood or marriage whom it believes is equitably entitled. This good faith payment satisfies the Insurance Company's legal duty to the extent of that payment.

Change of Beneficiary

The {Employee, Insured} may change the beneficiary at any time by giving written notice to the {Employer, or the Insurance Company}. The beneficiary's consent is not required for this or any other change which the {Insured} may make unless the designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by us. When this form is received, it will take effect as of the date of the form. If the {Insured} dies before the form is received, we will not be liable for any payment that was made before receipt of the form.

Physical Examination and Autopsy

The Insurance Company, at its expense, will have the right to examine any person for whom a claim is pending as often as it may reasonably require. The Insurance Company may, at its expense, require an autopsy unless prohibited by law.

Legal Actions

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, [or proof by any other {electronic/telephonic} means] authorized by the Insurance Company, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

[Conditional Claim Payment]

If an {Insured} incurs expenses for Injuries received in a covered Accident and in our opinion a third party may be liable, we will pay benefits if:

1. the {insured} first agrees in writing to refund the lesser of:
 - a. the amount we actually paid for such expenses; or
 - b. the amount actually received from the third party for such expenses; and
2. the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the third party's liability is satisfied in an amount less than the benefits payable under the Policy, we will pay the difference.]

[Recovery of Benefits]

The Insurance Company reserves the right to recover from an {Insured} any benefits paid for:

1. injuries received in a covered Accident; and
2. which are covered under:
 - a. Workers' Compensation;
 - b. Occupational Disease Law, or
 - c. any {Employer's} Liability Insurance.

It will be assumed that the {Insured Person} is in receipt of such benefits unless he gives us proof such benefits have been denied to him.]

[Subrogation]

If we have paid benefits to an {Insured} for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will be subrogated to the extent of such payment and to all of the rights of the {Insured} regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The {Insured} agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.]

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which the {Employee, Member} lives when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

The Insured will have the right to choose any Physician who is practicing legally. The Insurance Company will in no way disturb the Physician/patient relationship.

GENERAL POLICY PROVISIONS

Entire Contract

The entire contract will be made up of the Policy, the application of the {Employer}, a copy of which is attached to the Policy, and the applications, if any, of the {Insureds}.

Incontestability

All statements made by the {Employer} or by an {Insured} are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an {Insured's} effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for coverage.

Misstatement of Age

If an {Insured's} age has been misstated, the Insurance Company will adjust all benefits to the amounts that would have been purchased for the correct age.

Policy Changes

No change in the Policy will be valid until approved by an executive officer of the Insurance Company. This approval must be endorsed on, or attached to, the Policy. No agent may change the Policy or waive any of its provisions.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Certificates

A certificate of insurance will be delivered to the {Employer} for delivery to {Insureds}. Each certificate will list the benefits, conditions and limits of the Policy. It will state to whom benefits will be paid.

Assignment of Benefits

[The Insurance Company will not be affected by the assignment of an {Insured's} certificate until the original assignment or a certified copy of the assignment is filed with the Insurance Company. The Insurance Company will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.]

[Conformity with State Statutes]

Any provision of the policy in conflict on the Policy Effective Date with the laws of the state where the policy is delivered is amended to conform to the minimum requirements of such laws.]

[Male Pronoun]

The male Pronoun as used herein will be deemed to include the female.]

Clerical Error

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

Agency

The Employer and Plan Administrator are agents of the Employee for transactions relating to insurance under the Policy. The Insurance Company is not liable for any of their acts or omissions.

Ownership of Records

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

GENERAL PROVISIONS

Incontestability

All statements made by the {Employer} or by an {Insured} are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Assignment of Benefits

[We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.]

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Filing Company: Life Insurance Company of North America State Tracking Number: 49177
Company Tracking Number: 11-4002
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Term Life
Project Name/Number: Claim Provisions and General Provisions /11-4002

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Readability cert is attached and be assured we comply with all rules and regs referenced if applicable.

Attachment:

LINA Flesch Cert.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

Item Status: **Status**
Date:

Satisfied - Item: Cover letter

Comments:

Cover letter attached.

Attachment:

Cover Letter AR TL.pdf

Item Status: **Status**
Date:

Satisfied - Item: Actuarial Cert of No Impact

Comments:

Actuarial cert of no impact attached.

Attachment:

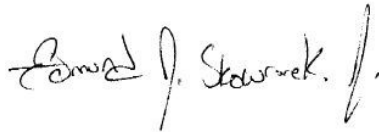
LINA Actuarial Cert.pdf

Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. These forms were scored separately and in their entirety.

Form Number	Description of Form	Score
TL-004725-1	Claim Provisions	45.9
TL-004726-1	General Policy Provision	47.2
TL-004728-1	General Provisions(Certificate)	45.2



Signature: _____

Name: Edward J. Skowronek

Title: Assistant Secretary

Date: 3/17/2011

Kathy T. Forno, CCP, DCP, HIA
Sr. Compliance Specialist
Regulatory & State Government Affairs



CIGNA Group Insurance
Life • Accident • Disability

June 29, 2011

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-8532
Facsimile 215-761-5609
Kathy.forno@cigna.com

JAY BRADFORD
Commissioner
(Southeastern Zone)
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Life Insurance Company of North America

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company ID#: 11-4001

Group Term Life Insurance

Claim Provisions – Form TL-004725-1
General Policy Provisions – Form TL-004726-1
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Dear Commissioner:

Attached please find the above captioned forms for your review and approval. These forms have not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

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March 18, 2011

Page 2

We appreciate you taking the time to review these forms and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at Kathy.forno@cigna.com or call me collect at 215.761.8532.

Very truly yours,

Kathy T. Forno

Kathy Forno, CCP, DCP, HIA
Senior Compliance Specialist
CIGNA Legal and Public Affairs
1601 Chestnut St. TL 16D
Philadelphia, PA 19192

Phone: 215.761.8532
E-mail: kathy.forno@cigna.com